GREENE METROPOLITAN HOUSING AUTHORITY

NOTICE TO ALL APPLICANTS

It is the policy of Greene Metropolitan Housing Authority (GMHA) to comply fully with all Federal, State and Local non-discrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in Housing and Employment.

GMHA shall not deny any family or individual the opportunity to apply for or receive assistance under any GMHA's housing programs on the basis of race, color, sex, religion, creed, national or ethnic origin, age, familial status, handicap, sexual orientation or disability.

GMHA requests information on a person's race solely in order to comply with Federal equal opportunity record keeping and reporting requirements. We appreciate your cooperation. If you do not answer this question, GMHA staff may need to make assumptions about your race to meet these requirements. Failure to supply this information will not adversely affect your application for housing.

No individual with disabilities shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination because GMHA's facilities are inaccessible to or unusable by persons with disabilities.

Requests for reasonable accommodation from persons with disabilities will be granted upon verification

1. **of the disability and**
2. **that the requested accommodation meets the need presented by the disability.**

An applicant or resident who has a disability or handicap for which they think they might need a reasonable accommodation, may request it at anytime in the application process or after admission.

Greene Metropolitan Housing Authority

APPLICATION FOR YELLOW SPRINGS VILLAGE GREENE

GMHA's MISSION: Committed To Providing Quality Affordable Housing And Services In An Efficient And Creative Manner

This is a multi-family Section 8 property consisting of 2, 3 and 4 bedroom units designed to provide housing to families

Applications will not be accepted without copies of all family members:

● Birth Certificates ●Social Security Cards ●Pictured ID's for Household members Age 18 or Older.

Household Contact Information

Head of Household _____ _____
Name (Print) Social Security Number

Address _____ _____
Street City State Zip Email address

Phone _____ _____ _____ _____
Home Cell Work Message

Household Member(s) Profile

PLEASE LIST ALL FAMILY MEMBERS WHO WILL BE HOUSED WITH YOU AT LEAST 6 MONTHS OF THE YEAR

(Please use black or blue ink)

Name (print)	Social Security Number	Date of Birth	Sex M/F	Student Y/N	*Race Code	Hispanic Y/N	Relationship to Head of Household
1							Head of Household
2							
3							
4							
5							
6							
7							
8							

***Race Code: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Hawaiian or Pacific Islander (6) Hispanic**

Greene Metropolitan Housing Authority

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME

1 – Head of Household

SSN		Date of Birth	

Please indicate each state where this person has lived

AL AK AZ AR CA CO CT DE FL GA HI ID IL ☐ IN ☐ IA

KS KY LA ME MD MA MI MN MS MO MT NE NV NH

__ NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT

__ VT VA WA WV WI WY Washington D.C.

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME

2

__ Co-head Spouse Child Other adult Foster adult/child Live-in Aide *(live in aides must be approved before move in)*
__ None of the Above

SSN		Date of Birth	

Please indicate each state where this person has lived

AL AK AZ AR CA CO CT DE FL GA HI ID IL ☐ IN ☐ IA

KS KY LA ME MD MA MI MN MS MO MT NE NV NH

__ NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT

__ VT VA WA WV WI WY Washington D.C.

Member # & Household member's full name

3

__ Co-head Spouse Child Other adult Foster adult/child Live-in Aide *(live in aides must be approved before move in)*
__ None of the Above

SSN		Date of Birth	

Please indicate each state where this person has lived

AL AK AZ AR CA CO CT DE FL GA HI ID IL ☐ IN ☐ IA

KS KY LA ME MD MA MI MN MS MO MT NE NV NH

__ NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT

__ VT VA WA WV WI WY Washington D.C.

Member # & Household member's full name

4

__ Co-head Spouse Child Other adult Foster adult/child Live-in Aide *(live in aides must be approved before move in)*
__ None of the Above

SSN		Date of Birth	

Please indicate each state where this person has lived

AL AK AZ AR CA CO CT DE FL GA HI ID IL ☐ IN ☐ IA

KS KY LA ME MD MA MI MN MS MO MT NE NV NH

__ NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT

__ VT VA WA WV WI WY Washington D.C.

Greene Metropolitan Housing Authority

APPLICANT PREFERENCES

Only check preference(s) that apply to you in your current living situation. When requested, you will be asked to provide verification for each preference you have selected. If verification of your selected preference(s) cannot be verified, you will not be eligible for those preference points. Any changes in preferences must be reported immediately. Submission of false information may result in loss of eligibility to participate in the Housing Choice Voucher Program, Public Housing or Yellow Springs Village Greene Program and is punishable under federal law.

☐ **Family -** Applicant, whose household has at least one child; or

☐ **Family -**A single person verifying expected reunification with their child or children within 6 months

☐ **Elderly** - Head, spouse, sole member, is at least age 62;

☐ **Single Pregnant -** A pregnant woman -Estimated Due Date: _____

☐ **Single Disabled -** A single disabled person (name of disabled household member)_____

What type of reasonable accommodations does this person need?_____

☐ **Domestic Violence -** Applicant is a victim of actual or threatened physical violence; or is a stalking victim.

☐ **Applicant has been displaced-** Applicant is displaced by inaccessibility of a unit by either a hate crime, landlord no longer leasing due to sale of property, renovation or occupying the unit themselves.

☐ **Substandard Housing-** Living in a unit that is dilapidated, and/or the unit has been condemned. Does not have a usable toilet, and/or a usable bathtub or shower. Does not have electric service or safe electric service, does not have heat (not due to non-payment) or does not have a kitchen.

☐ **Homeless-** A person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings (on the street). Is in an emergency shelter, transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters, an applicant who is spending a brief time in the hospital or other institution. (Up to 30 Days).

☐ **Working/Disabled /Elderly-** Head of household or spouse works at least 20 hours per week for at least 90 days at his/her present job or; sole member or head and spouse is disabled or is age 62 or older.

☐ **Involuntarily Displaced-** Applicant displaced because of fire, natural disaster, or government action

☐ **Near Elderly-** Applicant, who is at least age 50, but not yet age 62

☐ **Paying more than 50% of Income for Rent-** currently paying more than 50% of income for rent and utilities and has for 90 days.

☐ **Overcrowded Household-** Applicant is residing where two or more families reside, or more than two people per bedroom.

☐ **US Veteran-** Applicant can provide a copy of DD-214 as verification that head or spouse is a US Veteran

☐ **Local Concern-** Applicant currently lives and/or works in Greene County or has been offered employment in Greene County.

☐ **Money Management-** Completion of the Money Management course thru the OSU Extension office.

Any changes in preference must be reported immediately

Greene Metropolitan Housing Authority

You must list all information requested in this section because all criminal and rental history will be thoroughly investigated

1. ☐ **Yes** ☐ **No** Have you or any other family member listed on your application been charged with and/or convicted of a felony or any violent criminal activity (including domestic violence) or has anyone listed on this application ever been charged with and/or convicted of any drug-related activity, or are you or anyone else in your household required by state law to register as a Sex Offender?

Name of adult and/or adults that have charges or convictions:_____

You Will Need To Include a Copy of The Court Disposition For Each Charge and/or Conviction

List each charge below and court of jurisdiction:

#1 _____

#2 _____

List each conviction, date and court of jurisdiction:

#1 _____

#2 _____

2. ☐ **Yes** ☐ **No** Are you presently, or have you or any adult member of your household, ever lived in Subsidized Low Income Housing, Public Housing or Section 8 Housing? If Yes, which Subsidized Housing Agency did you adult and/or adults lived in the subsidized housing? _____

☐ **Yes** ☐ **No** Is there a balance owed? If Yes, how much money is owed?$_____

3. ☐ **Yes** ☐ **No** Have you or any adult member of your household been evicted during the past 12 months from a Subsidized Low Income Housing, Public Housing or Section 8 Program? **If Yes**, where were you evicted from?

_____
Name of Public Housing or Section 8 Program

4. IF YOU ANSWERED YES to questions 2 or 3 above, you must provide the required information below concerning where you live or lived and the move-in and move-out dates to prevent delays processing your application.

Name of Project or Housing Authority _____ **Address** _____ **City** _____, **ST** **Zip** _____

Address or Unit # where you lived _____ **City** _____, **ST** **Zip** _____ **Move-In Date** _____ **Move-Out Date** _____

Name of Project or Housing Authority _____ **Address** _____ **City** _____, **ST** **Zip** _____

Address or Unit # where you lived _____ **City** _____, **ST** **Zip** _____ **Move-In Date** _____ **Move-Out Date** _____

5. ☐ **Yes** ☐ **No** Do you have a checking or savings account or do you own any property? If Yes, check the box and/or boxes that apply. ☐ Checking Account ☐ Savings Account Own Property

Family Income and Assets

_____ $ _____
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income

_____ $ _____
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income

_____ $ _____
Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income

Greene Metropolitan Housing Authority

GMHA DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign. Feel free to consult with an immigration lawyer or other immigration expert of your choosing.

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because *I am a citizen by birth, a naturalized citizen, or a national of the United States.*

LIST U.S. CITIZENS NAMES HERE

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

U.S. CITIZEN SIGNATURES

Signature:_____ Date_____ Signature:_____ Date _____
Head of Household Spouse

Signature:_____ Date_____ Signature:_____ Date _____
Other Adult Member ofthe Household Other Adult Member of theHousehold

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because (**check the appropriate box):**

A. I have eligible immigration status and I am 62 years of age or older. Attach proof of age, ☐ Yes ☐ No

B. **If no**, I have eligible immigration status as checked below (see reverse side of this form for explanations. Attach INS document(s) showing eligible immigration status and a signed verification consent form.)

1 ( ) Immigrant status under § 101 (a)(15) or 101 (a)(20) of the immigration and Nationality Act (INA)
2 ( ) Permanent residence under §249 of INA
3 ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA
4 ( ) Parole status under §§212(d)(5) of the INA
5 ( ) Threat to life or freedom under §243(h) of the INA
6 ( ) Amnesty under §245 of the INA.

LIST NON-CITIZENS NAMES HERE

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

NON-CITIZEN SIGNATURES

Signature:_____ Date_____ Signature:_____ Date _____
Head of Household Spouse

Signature:_____ Date_____ Signature:_____ Date _____
Other Adult Member ofthe Household Other Adult Member of theHousehold

Greene Metropolitan Housing Authority

WARNING: *18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing an false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five ye*ars, or both. The following *footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:*

Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age older or who will be 62 years of age or older and receiving assistance under Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

1. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act 9(INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §210 or 210A of the INA (8 U.S.C.1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

2. **Permanent residence under §249 of INA**. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8U.S.C. 1259) [*amnesty granted under INA 249*].

3. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*], or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution of account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

4. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a Result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §of the INA (8 U.S.C. 1182(d)(5)[*parole status*].

5. **Threat to life of freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. As a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].

6. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (U.S.C. 1255a)[*amnesty granted under INA 245A*].

Greene Metropolitan Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained.

#_____Date _____

Greene Metropolitan Housing Authority

APPLICANT/TENANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION:

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my Application and/or the HUD form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

REPORT CHANGES IN INCOME, HOUSEHOLD COMPOSITION AND CRIMINAL ACTIVITY:

I know I am required to report immediately in writing any changes in income; arrests and/or convictions for any type of criminal activity including domestic violence, possession of drugs; and/or any drug related activity; and any changes in the household size, when a person moves in or out of the unit and failure or refusal to do so may result in ineligibility for applicants.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I understand that any monies owed GMHA from a previous tenancy must be paid in full prior to admission. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, eviction or ineligibility for applicants.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, termination of tenancy or ineligibility for applicants.

*Warning: "PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).***

Head of Household, Spouse and all members of Household 18 and over must sign and date

1)_____ _____
Head of Household **Date**

2)_____
Spouse **Date**_____

3)_____ _____
Other Family Member Over Age 18 **Date**

4)_____ _____
Other Family Member Over Age 18 **Date**

GMHA
Housing that works!
GREENE METROPOLITAN HOUSING AUTHORITY

538 N. Detroit Street, Xenia, OH 45385

(937) 376-2908 • (937) 429-7736 • FAX (937) 376-2487 • TDD (937) 374-1607

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE:

Greene Metropolitan Housing Authority (GMHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I authorize the release of any information (documentation and related materials) pertinent to eligibility for the following programs: Public Housing, Section 8 and Yellow Springs Village Green Housing Assistance.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, these assisted housing programs.

I authorize only GMHA to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses/Credit History/Criminal Activity/Family Composition/Employment/ Income/ Pensions and Assets/Federal, State, Tribal or Local Benefits/Handicapped Assistance Expenses/Identity and Marital Status/Medical Expenses/Social Security Numbers/ Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions/Courts/Law Enforcement Agencies/Credit Bureaus/Employers, Past and Present/ Landlords/ Professional & Community References/Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities/Schools and Colleges/U.S. Social Security Administration/U.S. Department of Veterans Affairs/Utility Companies/Welfare Agencies

CONDITIONS:

I agree that photocopies of this authorization may be used for the purposes stated above.

If I Do Not Sign This Authorization, I Also Understand That My Housing Assistance <u>May Be</u> Denied

Sign_____Date_____ Sign_____Date _____

HEAD OF HOUSEHOLD *SPOUSE*

_____ _____

PRINT NAME *PRINT NAME*

Sign_____Date_____ Sign_____Date_____

OTHER ADULT MEMBER OF THE HOUSEHOLD *OTHER ADULT MEMBER OF THE HOUSEHOLD*

_____ _____

PRINT NAME *PRINT NAME*

Warning: "PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet describing the necessary verifications**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
4. **Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
Office of Public Housing Housing and Urban Development 200 North High St, Columbus, Oh	GMHA/Yellow Springs Village Greene 538 N Detroit St Xenia, OH 45385	Mr. C. Hillman, President & CEO - CMHA 880 Eleventh Ave, Columbus, OH 43211

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures: Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Original is retained on file at the project site ref. Handbooks 4350.3 Rev-1, 4571.1, 4571/2 & 4571.3 and HOPE II Notice of Program Guidelines form **HUD-9887** (02/2007)

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:
HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site | ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines | form **HUD-9887** (02/2007)

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   • HUD's requirements concerning the release of information, and
   • Other customer protections.
2. Sign on the last page that:
   • you have read this form, or
   • the Owner or a third party of your choice has explained it to you, and
   • you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Mary Jo Beatty, LSW

Name of Project Owner or his/her representative

Certified Occupancy Specialist

Title

_____

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site | ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines | form **HUD-9887-A** (02/2007)

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information: Greene Metropolitan Housing Authority
538 N. Detroit Street
Xenia, Ohio 45385

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

EQUAL HOUSING OPPORTUNITY

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

EQUAL HOUSING OPPORTUNITY

Greene Metropolitan Housing Authority

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form **HUD- 92006** (05/09)